## PUBLIC SMOKING

In the last few years, numerous assertions have been made regarding "public smoking" or the exposure of nonsmokers to other persons' tobacco smoke (also referred to as "passive" or "involuntary" smoking). Although this issue has gained prominence only recently, it is but another aspect of the long-standing anti-smoking campaign. As an additional method of dissuading people from smoking, anti-smoking organizations have initiated a campaign to make smoking socially unacceptable by convincing non-smokers that their health could be harmed by the tobacco smoke of others.

At the Third World Conference on Smoking and Health in New York in 1975, the "social unacceptability" theme was considered a viable plan for curtailing smoking. At the Fourth World Conference held in Stockholm in 1979, it was recommended that "non-smoking should be regarded as the normal social behaviour and that all action which can promote the development of this attitude be taken."

By bringing the issue into the public arena, antismokers have been able to promote an unfavourable image of the smoker and smoking. Through tactics of misinformation and emotionalism, the issue of the health of nonsmokers has become the vehicle by which anti-smoking groups seek to ban smoking in the workplaces, to get legislation enacted to regulate smoking in public places, and to achieve restrictions on smoking on public transport.

Claims that tobacco smoke in the atmosphere, or environmental tobacco smoke, causes disease in nonsmokers simply have not been established.





Leaders of drives which seek to prohbit smoking in public places have used emotional propaganda and scare tactics in an effort to make smoking socially unacceptable. That is, they are apparently trying to turn public opinion against smokers by telling nonsmokers that their health is endangered by environmental tobacco smoke.

Against this background of misinformation and distortion of public opinion, some government bodies are making rules to prohibit smoking in public places. Such rules are unjustified intrusions upon the personal rights of individuals.

Recent, so-called scientific evidence cited by anti-smokers, concerns overseas studies, particularly those in Japan and Greece, which purport to show that non-smoking wives of smokers have an increased risk of lung cancer.

Others have criticised these studies both on the grounds of the reliability of the smoking status of those in the studies and the appropriateness of husbands' smoking as an index of passive smoke exposure.

More importantly, though, the suggested increase in risk in these studies palpably flies in the face of commonsense and all that is suggested concerning dose/response relationships in active smokers.

This point is conceded by the noted cancer epidemiologist, Richard Peto, renowned for his work on the British Doctors' study. Peto has said that the chief relevance of passive smoking is obviously political rather than a public health problem. There are clearly yet undetermined confounding factors in the results obtained from these studies.



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Claims about pollution load of tobacco smoke are based on contrived research. Sidestream smoke yields are confused with ambient concentrations after dilution by room air. Claims concerning decline in respiratory function in non-smokers are doubted by even the Royal College of Physicians. How respirable particles of passive smoke inhaled primarily through the nasal passage, actually reach the periphery of the lung in appreciable amounts is not explained.

In Australia, the National Health and Medical Research Council in 1983 issued a policy statement concerning passive smoking. The Tobacco Institute, from published information and through the Freedom of Information Act, has examined the sources and procedures of the committees which made the recommendations ultimately adopted by the full Council. There is a large body of research publications resulting from scientific investigation that, judging by the references cited by the Council, was not examined by them and which is contrary to their conclusions.

In 1983 and 1984 three international workshops, attended by leading scientisits in their fields, examined all aspects of this subject. They concluded as follows:

"ETS - Environmental Tobacco Smoke", held 15-17 March 1983 under the auspices of the University of Geneva, Switzerland, and supported by a grant from the U.S. Tobacco Institute.

It concluded that available evidence does not establish an increased lung cancer risk for non-smokers and that data on possible health effects of exposure on children "are still contradictory". "The contribution of carbon monoxide from tobacco smoke to the environment is not important from a health point of view."

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"Respiratory Effects of Involuntary Smoke Exposure: Epidemiological Studies", held 1-3 May 1983 under the auspices of the U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health.

It concluded that possible repiratory effects of ETS, if any, varied from "negligible to quite small".

"Passive Smoking from a Medical Point of View, held 9-12 April 1984 and co-sponsored by the German and Austrian Societies for Occupational Medicine, the World Health Organisation (WHO) and the International Green Cross.

It concluded that "there is a high probability that cardiovascular damage due to passive smoking can be ruled out in healthy people". "A connection between ETS and lung cancer has not been scientifically established to date" and "should lawmakers wish to take legislative measures with regard to passive smoking, they will, for the present, not be able to base their efforts on a demonstrated health hazard from passive smoking".

On 20 December 1984 the Commonwealth Public Service Board issued a memorandum which claimed that a previous communication issued in November 1980 "... outlined the Government's attitude that action should be taken to prohibit smoking in a number of enclosed places including the workplace."

The 1980 memorandum actually reported Government support as expressed in a Ministerial Statement in the Senate on 19 March 1980 for the Baume Committee's Recommendation No. 42 regarding implementation of recommendations on the rights of non-smokers made by the National Health and Medical Research Council at its 81st and 82nd Sessions.

An examination of those recommedations shows them to have been copied from a report of a 1975 WHO Expert Committee on Smoking and its Effects on Health. The relevant paragraph which is today being cited as



justification for wholesale prohibition actually reads "to adopt regulations to protect non-smokers from exposure, without their consent, to tobacco smoke in the working environment."

One must remember that the WHO report came out at a time which coincided with the 3rd World Conference on Smoking and Health, which as previously mentioned, had decided on a theme of "social unacceptibility".

In the body of its report the WHO committee said "It remains true that the health effects of smoking are largely confined to the individual smoker as far as the major diseases that threaten life are concerned: but the non-smoker exposed to the sidestream and mainstream smoke of smokers in enclosed ill-ventilated spaces, such as cars and small offices may be exposed to harmful concentrations of smoke".

The conditional "may" is used seven times in two paragraphs. Also a major reference is made to CO levels which as has already been pointed out has been shown in more recent scientific enquiry not to be important from a health point of view.

The Office of the Public Service Board has wilfully misinterpreted Government policy and is going about imposing a regime of paternalistic restriction on its employees justified on the grounds that it believes it has the power to do so and is backed by authorities who apparently have their own motivation to mislead the public on the current status of scientific knowledge concerning environmental tobacco smoke.

Those who support smoking in the workplace have made various claims concerning the success of litigation in the courts, particularly in the US. Not only have the plaintiffs, often acting as surrogates for anti-smoking groups, generally failed, but the courts have been not at

all reticent in upholding the rights of smokers. So long as it is generally accepted as a matter of civilised management of a workforce to attempt to reach sensible accommodation between those of various sensibilities and sensitivities, it is to hoped that decisions concerning smoking in the workplace would be appropriately committed to the good sense and common courtesy of smoking and non-smoking employees.

Those who chose to adopt an uncompromising stance on this issue may well be advised to examine more closely relevant case law, and the effects on morale and productivity of smokers. In fact research is now demonstrating that smokers are marginally more productive than non-smokers.

The divisiveness, the costs of imposing and policing restrictions, possible actions for discrimination and the possibility of violation of collective bargaining agreements, are some of the complex barriers which private and public employers may have to face if they are tempted into capitulating to the more extreme demands of anti-smoking activists in the workplace.

Finally, as a matter of general principle, rights with respect to active lawful behaviour or social custom should, in our society, take precedence over any so-called rights of individuals with specific dislike or disapproval of that behaviour provided that behaviour does not generate significant externalities. It is contended that no valid case has been made to interfere with the general freedom of smokers.

A recent article on the principles of public policy relating to smoking suggests an alternative to governmental regulations. According to this article, "the appropriate form of public policy is the promotion of courtesy and co-operation between smokers and non-smokers, rather than

